

EMERGENCY MEDICAL SERVICES AUTHORITY

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November 5, 2015

Richard Murdock, Executive Director
Mountain Valley EMS Agency
1101 Standiford Avenue, Suite D1
Modesto, CA 95350

Dear Mr. Murdock:

This letter is in response to the 2011 Mountain Valley EMS Plan Update submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Mountain Valley EMS Agency's 2011 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and making a determination on the approval or disapproval of the plan based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health & Safety Code § 1797.105(b).

Additionally, California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

Historically, we have received EMS Plan documentation from Mountain Valley EMS Agency in the following years: 1996, 1999-2002, 2004, 2005, 2007-2010 and, most current, its 2011 plan update submission. Mountain Valley EMS Agency received its last Five-Year EMS Plan (partial) approval for its 2005 submission and its last annual plan update approval for its 2010 submission.

III. Analysis of EMS System Components:

Following are comments related to Mountain Valley EMS Agency's 2011 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

		Not	
	Approved	Approved	
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>System Organization and Management</u>

1. System Assessment Forms

- **Standard 1.22 (Reporting of Abuse):**

The objective is to draft a policy for suspected SIDS deaths and the timeframe for meeting the objective is referenced as long-range, whereas Table 1 references short-range. In your next plan submission please provide an update on the progress for developing the policy while also ensuring the timeframes on Table 1, System Assessment Forms and/or Progress/Objective Forms are consistent.

- **Standard 4.05 (Response Time Standards):**

The objective is to create a mechanism to measure response times from receipt of call, to primary PSAP, to arrival on-scene. In your next plan submission, please provide an update on the progress for developing response time standards.

- **Standard 5.06 (Response Time Standards):**

The objective is to work with hospitals to develop a standardized hospital evacuation plan. In your next plan submission, please provide an update on the progress for developing the plan.

2. Progress/Objectives Assessment / Table 1 (Minimum Standards and Recommended Guidelines)

- Standard 1.09 (Inventory of Resources):

The status indicates not meeting the established minimum standard. Based on the information provided in the Progress/Objectives Assessment, it has been determined that the minimum standard is now met. In your next plan submission, please change the System Assessment Forms, Progress/Objectives Assessment and Table 1 to reflect this change.

3. Table 2 (Minimum Standards and Recommended Guidelines)

- Expenses:

The total expense amount identified in the budget does not accurately reflect the sum of the expenses listed. In your next plan submission, please ensure the expense amounts are correct.

- Organizational Charts:

The organizational charts were not included as part of the plan submission. In your next plan submission, please ensure the chart is included as part of Table 2.

- B. ☒ ☐ Staffing/Training
- C. ☒ ☐ Communications
- D. ☒ ☐ Response/Transportation

1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Mountain Valley EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

1. Table 6 (Facilities/Critical Care)

- The number of EMS patients meeting trauma triage who were not at a trauma center is reflected as 'unknown'. In your next submission plan, please provide the requested data.
- The data provided for basic emergency services is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the data contained in both tables is consistent.

2. Table 9 (Facilities)

- All service categories are checked for each facility. In the next plan submission, please check only one service category, as applicable. This information should be referenced in Table 6.

F. ☒ ☐ Data Collection/System Evaluation

G. ☒ ☐ Public Information and Education

1. Table 10 (Approved Training Program)

- The cost of the EMT program is not identified for Murphy's Fire Protection District. In the next plan submission, please include the associated cost.
- The costs of the refresher EMT programs are not identified for Ceres Adult Education-ROP and Abrams College. In the next submission, please include the associated costs.

H. ☒ ☐ Disaster Medical Response

IV. Conclusion:

Based on the information identified, Mountain Valley EMS Agency may implement areas of the 2011 EMS Plan Update that have been approved. Pursuant to H&S Code § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Mountain Valley EMS Agency's annual EMS Plan Update will be due on November 5, 2016. If you have any questions regarding the plan review, please contact Jeff Schultz, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Amley". The signature is fluid and cursive, with a small flourish at the end.

Howard Backer, MD, MPH, FACEP
Director

Attachment

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X	N/A	X	
1.02	LEMSA Mission		X	N/A	X	
1.03	Public Input		X	N/A	X	
1.04	Medical Director		X	X	X	
Planning Activities:						
1.05	System Plan		X	N/A	X	
1.06	Annual Plan Update		X	N/A	X	
1.07	Trauma Planning		X	X	X	
1.08	ALS Planning		X	N/A	X	
1.09	Inventory of Resources	X		N/A		X
1.10	Special Populations		X	X	X	
1.11	System Participants		X	X	X	
Regulatory Activities:						
1.12	Review & Monitoring		X	N/A	X	
1.13	Coordination		X	N/A	X	
1.14	Policy & Procedures Manual		X	N/A	X	
1.15	Compliance w/Policies		X	N/A	X	
System Finances:						
1.16	Funding Mechanism		X	N/A	X	
Medical Direction:						
1.17	Medical Direction		X	N/A	X	
1.18	QA/QI		X	N/A	X	
1.19	Policies, Procedures, Protocols		X	N/A	X	

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	N/A	X	
1.21	Determination of Death		X	N/A	X	
1.22	Reporting of Abuse	X		N/A	X	
1.23	Interfacility Transfer		X	N/A	X	
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			X
1.25	On-Line Medical Direction		X	X	X	
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X	N/A	X	
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X	N/A	X	
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X	N/A		X

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X	N/A	X	
2.02	Approval of Training		X	N/A	X	
2.03	Personnel		X	N/A	X	
Dispatchers:						
2.04	Dispatch Training		X	X	X	
First Responders (non-transporting):						
2.05	First Responder Training		X	X	X	
2.06	Response		X	N/A	X	
2.07	Medical Control		X	N/A	X	
Transporting Personnel:						
2.08	EMT-I Training		X	X	X	
Hospital:						
2.09	CPR Training		X	N/A	X	
2.10	Advanced Life Support		X	X	X	
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X	N/A	X	
2.12	Early Defibrillation		X	N/A	X	
2.13	Base Hospital Personnel		X	N/A	X	

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan		X	X	X	
3.02	Radios		X	X	X	
3.03	Interfacility Transfer		X	N/A	X	
3.04	Dispatch Center		X	N/A	X	
3.05	Hospitals		X	X	X	
3.06	MCI/Disasters		X	N/A	X	
Public Access:						
3.07	9-1-1 Planning/Coordination		X	X	X	
3.08	9-1-1 Public Education		X	N/A	X	
Resource Management:						
3.09	Dispatch Triage		X	X		X
3.10	Integrated Dispatch		X	X		X

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		X	X		X
4.02	Monitoring		X	X		X
4.03	Classifying Medical Requests		X	N/A	X	
4.04	Prescheduled Responses		X	N/A	X	
4.05	Response Time	X		X		X
4.06	Staffing		X	N/A		X
4.07	First Responder Agencies		X	N/A		X
4.08	Medical & Rescue Aircraft		X	N/A	X	
4.09	Air Dispatch Center		X	N/A	X	
4.10	Aircraft Availability		X	N/A	X	
4.11	Specialty Vehicles		X	X	X	
4.12	Disaster Response		X	N/A		X
4.13	Intercounty Response		X	X	X	
4.14	Incident Command System		X	N/A	X	
4.15	MCI Plans		X	N/A	X	
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X	X	
4.17	ALS Equipment		X	N/A	X	
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X	N/A	X	
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X	N/A	X	
4.20	"Grandfathering"		X	N/A	X	
4.21	Compliance		X	N/A	X	
4.22	Evaluation		X	N/A	X	

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X	X		X
5.02	Triage & Transfer Protocols		X	N/A	X	
5.03	Transfer Guidelines		X	N/A	X	
5.04	Specialty Care Facilities		X	N/A		X
5.05	Mass Casualty Management		X	X		X
5.06	Hospital Evacuation	X		N/A		X
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation		X	N/A	X	
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X	N/A		X
5.09	Public Input		X	N/A		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X	N/A	X	
5.11	Emergency Departments		X		X	
5.12	Public Input		X	N/A	X	
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X	N/A		X
5.14	Public Input		X	N/A	X	

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			X
6.02	Prehospital Records		X	N/A	X	
6.03	Prehospital Care Audits		X			X
6.04	Medical Dispatch		X	N/A	X	
6.05	Data Management System		X			X
6.06	System Design Evaluation		X	N/A		X
6.07	Provider Participation		X	N/A	X	
6.08	Reporting		X	N/A	X	
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X	X	
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X	N/A	X	
6.11	Trauma Center Data		X	N/A	X	

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X	N/A		X
7.02	Injury Control		X			X
7.03	Disaster Preparedness		X	X	X	
7.04	First Aid & CPR Training		X		X	

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning		X	N/A	X	
8.02	Response Plans		X	X	X	
8.03	HazMat Training		X	N/A	X	
8.04	Incident Command System		X	X	X	
8.05	Distribution of Casualties		X	X	X	
8.06	Needs Assessment		X	X	X	
8.07	Disaster Communications		X	N/A	X	
8.08	Inventory of Resources		X		X	
8.09	DMAT Teams		X	X	X	
8.10	Mutual Aid Agreements		X	N/A	X	
8.11	CCP Designation		X	N/A	X	
8.12	Establishment of CCPs		X	N/A	X	
8.13	Disaster Medical Training		X	X		X
8.14	Hospital Plans		X	X	X	
8.15	Interhospital Communications		X	N/A	X	
8.16	Prehospital Agency Plans		X	X	X	
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X	N/A	X	
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X	N/A	X	
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X	N/A	X	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.09	Inventory of Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency is working with Stanislaus County PH in utilization and tracking of inventory through Sydion iCam (Inventory resource tracking/ordering). An inventory of resources has been created and is available to Agency staff.	Update the resource directories periodically
1.22	Reporting of Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has developed Policy 560.10 (Reporting of child and elder abuse) and is working on a draft for suspected SIDS death.	Revise as needed to ensure policy meets system needs.
4.05	Response Time Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has outsourced with data collection and analysis service to collect unadjusted response time data from CAD in order to measure contract response time compliance. Working towards mechanism to collect first responder response times.	Create mechanism in Mariposa and Stanislaus to measure response times from receipt of call to primary PSAP to arrival on scene.
5.06	Hospital Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Agency needs to work with local hospitals to develop a standardized hospital evacuation	Work with hospitals to standardize hospital evacuation plans
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2011

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: **Alpine**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Amador**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Calaveras**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Mariposa**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

County: **Stanislaus**

- A. Basic Life Support (BLS)
- B. Limited Advanced Life Support (LALS)
- C. Advanced Life Support (ALS) 100%

2. Type of agency
- a) Public Health Department
 - b) County Health Services Agency
 - c) Other (non-health) County Department
 - d) Joint Powers Agency**
 - e) Private Non-Profit Entity
 - f) Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
 - b) Health Services Agency Director/Administrator
 - c) Board of Directors**
 - d) Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation of trauma centers/trauma care system planning	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	X
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	

Table 2 - System Organization & Management (cont.)

Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Administration of disaster medical assistance team (DMAT)	
Administration of EMS Fund [Senate Bill (SB) 12/612]	
Other: _____	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	908,605.
Contract Services (e.g. medical director)		169,845.
Operations (e.g. copying, postage, facilities)		167,662
Travel		22,400
Fixed assets		0
Indirect expenses (overhead)		_____
Ambulance subsidy		_____
EMS Fund payments to physicians/hospital		_____
Dispatch center operations (non-staff)		_____
Training program operations		_____
Other: Pass Through		57
Other: _____		_____
Other: _____		_____

TOTAL EXPENSES	\$	1,325,515
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Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	359,301
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	297,270
Certification fees	28,000
Training program approval fees	1,500
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	150,000
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees (SRC x 3)	15,000
Type: STEMI Receiving Center (SRC) Fees	
Other critical care center designation fees (SRC x 3)	48,000
Type: STEMI Receiving Center	
Ambulance service/vehicle fees	305,994
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: HPP LEMSAs Coordinator	65,000
Other fees: Workshops/Misc	23,950
Other (specify): Pass Thru	57,000
Other (specify): Fund Interest	5,000
SUBTOTAL	
Net Income (Amount of Operating Reserve Required to Balance Budget)	<u>-30,500</u>
TOTAL REVENUE	\$ 1,325,515

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

Table 2 - System Organization & Management (cont.)

7. Fee structure

☐ We do not charge any fees

☒ Our fee structure is:

First responder certification	\$	30.
EMS dispatcher certification		
EMT-I certification		105.
EMT-I recertification		67.
EMT-defibrillation certification		
EMT-defibrillation recertification		
AEMT certification		
AEMT recertification		
EMT-P accreditation		75.
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		50.
MICN/ARN recertification		30.
EMT-I training program approval		300.
AEMT training program approval		
EMT-P training program approval		5,000.
MICN/ARN training program approval		150.
Base hospital application		
Base hospital designation		
Trauma center application		25,000.
Trauma center designation		75,000.
STEMI Receiving Center application		5,000.
STEMI Receiving Center designation		30,000.
Other critical care center application		
Type: Air Ambulance Authorization		5,000.
Other critical care center designation		
Type: Special Event Coverage		75.
Ambulance service license	(Emergency)	5.35/Transport
	(Non-Emergency)	2.00/Transport
Ambulance vehicle permits		

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1 FTE	46.06	34%	Effective 07/06/11
Asst. Admin./Admin. Asst./Admin. Mgr.	Deputy Director	0.7 FTE	37.48	34%	Effective 03/01/12
ALS Coord./Field Coord./ Training Coordinator	Certification and Training/Communications Coordinator	0.3 FTE	37.48	34%	Effective 03/01/12
Program Coordinator/ Field Liaison (Non-clinical)	Transportation Coordinator	1 FTE	31.05	34%	
Trauma Coordinator	Trauma/Medical Coordinator	0.3 FTE	43.63	N/A	
Medical Director	Medical Director	0.2 FTE	120.20	N/A	July 2011 – June 2012
Disaster Medical Planner	Disaster Coordinator	0.1 FTE	53.03	34%	Effective 08/29/11
Field Liaison	Field Liaison	1 FTE	23.57	34%	Effective 07/09/11

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Data Evaluator/Analyst	Information Systems Analyst	1 FTE	29.46	34%	Effective 10/03/11
QA/QI Coordinator	Quality Improvement and Facilities Coordinator	1 FTE	43.63	34%	Effective 03/05/12
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5 FTE	20.76	34%	Combined Financial Services Assistance effective 09/05/11
Other Clerical	Receptionists/Secretary I	1 FTE	17.13	34%	
Data Entry Clerk	Data Registrar	1 FTE	20.69	34%	
Management Services Assistant	Financial Services Assistant	0.5 FTE	20.76	34%	Combined with Executive Secretary effective 09/05/11
EMS Duty Officer Stipend		.15 FTE	46.06	34%	Effective 08/29/11
Certification Stipend		.15 FTE	20.69	34%	Effective 08/29/11

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

EMS System: Mountain-Valley EMS Agency

Reporting Year: FY 2011/2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	1172	n/a		261
Number newly certified this year	276	n/a		55
Number recertified this year	896	n/a		206
Total number of accredited personnel on July 1 of the reporting year	n/a	n/a	278	n/a
Number of certification reviews resulting in:				
a) formal investigations	5	n/a		0
b) probation	4	n/a	0	0
c) suspensions	0	n/a	0	0
d) revocations	0	n/a		0
e) denials	0	n/a		0
f) denials of renewal	0	n/a		0
g) no action taken	1	n/a	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

b) Number of public safety (defib) certified (non-EMT-I)

1172

125

2. Do you have an EMR training program

☐ yes ☒ no

***The Agency does have a First Responder Training Program**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

Note: Table 4 is to be answered for each county.

County: **Alpine County**

Reporting Year: FY 2011/12

1. Number of primary Public Service Answering Points (PSAP)	<u>1</u>
2. Number of secondary PSAPs	<u>0</u>
3. Number of dispatch centers directly dispatching ambulances	<u>0</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>0</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>1</u>
6. Who is your primary dispatch agency for day-to-day emergencies? _____	Alpine County Sheriff
7. Who is your primary dispatch agency for a disaster? _____	Alpine County Sheriff
8. Do you have an operational area disaster communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Radio primary frequency 154.100/153.800	
b. Other methods RACES	
c. Can all medical response units communicate on the same disaster communications system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
1) Within the operational area?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2) Between operation area and the region and/or state?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

County: **Amador County**

Reporting Year: FY 2011/12

- | | |
|---|--|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
_____ | Amador
County
Sheriff |
| 7. Who is your primary dispatch agency for a disaster?
_____ | Amador
County
Sheriff |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 467.975/462.975 | |
| b. Other methods RACES | |
| c. Can all medical response units communicate on the same disaster
communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System
(OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services
(RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

County: **Calaveras County**

Reporting Year: FY 2011/12

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
_____ | Calaveras
County
Sheriff |
| 7. Who is your primary dispatch agency for a disaster?
_____ | Calaveras
County
Sheriff |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency 468.950/462.950 | |
| b. Other methods RACES | |
| c. Can all medical response units communicate on the same disaster
communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System
(OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services
(RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
- _____

County: **Mariposa County**

Reporting Year: FY 2011/12

- | | |
|---|--|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>1</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
_____ | CalFire
Emergency
Communications |
| 7. Who is your primary dispatch agency for a disaster?
_____ | CalFire
Emergency
Communications |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 159.390/151.460 | |
| b. Other methods RACES | |
| c. Can all medical response units communicate on the same disaster
communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System
(OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services
(RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

County: **Stanislaus County**

Reporting Year: **FY 2011/12**

- | | |
|--|--|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
_____ | LifeCom
Fire/EMS
Dispatch |
| 7. Who is your primary dispatch agency for a disaster?
_____ | LifeCom
Fire/EMS
Dispatch |
| 8. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency 157.6125/463.00 | |
| b. Other methods RACES | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
-

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **Mountain-Valley EMS Agency**

Reporting Year: FY 2011/12

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 36

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

Alpine County

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

Amador County

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12/16	20/30	ASAP	N/A

Calaveras County

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	-	-	-	20

Mariposa County

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8	12/20	ASAP	N/A

Stanislaus County

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

Reporting Year: 2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	2154
2. Number of major trauma victims transported directly to a trauma center by ambulance	1955
3. Number of major trauma patients transferred to a trauma center	345
4. Number of patients meeting triage criteria who were not treated at a trauma center	Unknown

Emergency Departments

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	6
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	8

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2011/12

County: Alpine

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **N/A**
 - b. How are they staffed? **N/A**
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? _____
 - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
a. real event? ☐ Yes X No
b. exercise? X Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.
EI Dorado, Douglas County, NV
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes X No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes X No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

Reporting Year: 2011/12

County: Amador

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **lone**
 - b. How are they staffed? **County staff/mutual aid**
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? X Yes ☐ No
 - b. exercise? X Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes X No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

Reporting Year: 2011/12

County: Calaveras

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **N/A**
 - b. How are they staffed? **N/A**
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD
Do you have a CISD provider with 24 hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☐ Yes ☒ No
 - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
 - c. Are they available for statewide response? ☐ Yes ☒ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
 - a. real event? X Yes ☐ No
 - b. exercise? X Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes X No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

Reporting Year: 2011/12

County: Mariposa

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? **N/A**
 - b. How are they staffed? **N/A**
 - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISM
Do you have a CISM provider with 24 hour capability? ☐ Yes ☒ No
3. Medical Response Team
 - a. Do you have any team medical response capability? ☒ Yes ☐ No
 - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
 - c. Are they available for statewide response? ☒ Yes ☐ No
 - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
 - b. At what HazMat level are they trained? N/A
 - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
 - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? X Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8
3. Have you tested your MCI Plan this year in a:
 - a. real event? X Yes ☐ No
 - b. exercise? X Yes ☐ No
4. List all counties with which you have a written medical mutual aid agreement.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes X No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? _____
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

Table 8: Resource Directory

Response/Transportation/Providers
Alpine County

County: Alpine Provider: Alpine County EMS Response Zone: East slope of Alpine County

Address: 75 Pine Avenue Number of Ambulance Vehicles in Fleet: 2
Markleeville, CA 96120

Phone Number: 530-694-2159 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.

County: Amador Provider: American Legion Post 108 Response Zone: Amador County

Address: P.O. Box 100 Number of Ambulance Vehicles in Fleet: 7

Sutter Creek, CA 95685

Phone Number: 209-267-5320 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.

Response/Transportation/Providers
Calaveras County

County: Calaveras **Provider:** American Legion Post 108 **Response Zone:** North and South

Address: P.O. Box 1383 **Number of Ambulance Vehicles in Fleet:** 7

San Andreas, CA 95249

Phone Number: 209-267-5320 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*3,185 Total number of responses
 2,176 Number of emergency responses
 *1,009 Number of non-emergency responses

*2,530 Total number of transports
 1,803 Number of emergency transports
 *727 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

***Missing data for the months of July 2011, August 2011, and March 2012 on Non-Emergency Responses and Transports.**

Response/Transportation/Providers
Calaveras County

County: Calaveras Provider: Ebbetts Pass Fire Department Response Zone: East Zone

Address: P.O. Box 66 Number of Ambulance Vehicles in Fleet: 4

Arnold, CA 95223

Phone Number: 209-795-1646 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	
						<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue	

Transporting Agencies

634 Total number of responses
 549 Number of emergency responses
 85 Number of non-emergency responses

* Total number of transports
 * Number of emergency transports
 * Number of non-emergency transports

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

***The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.**

Response/Transportation/Providers
Mariposa County

County: Mariposa **Provider:** Mercy Ambulance **Response Zone:** Mariposa County

Address: P.O. Box 5004 **Number of Ambulance Vehicles in Fleet:** 5

Mariposa, CA 95338

Phone Number: 209-966-7337 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

* Total number of responses
 * Number of emergency responses
 * Number of non-emergency responses

1,853 Total number of transports
 1,397 Number of emergency transports
 456 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

***The Agency is working with Data Analysis contractor to implement and revise collection process of CAD data for monitoring ALS Response and Transport. Expected completion by June 2013.**

Response/Transportation/Providers
Stanislaus County

County: Stanislaus **Provider:** American Medical Response **Response Zone:** 1, 3, 8 & B

Address: P.O. Box 4397
Modesto, CA 95352 **Number of Ambulance Vehicles in Fleet:** 35

Phone Number: 209-567-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*24,968 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

*20,087 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

Response/Transportation/Providers

County: Stanislaus Provider: Oak Valley Ambulance Response Zone: 4 & D

Address: 350 So. Oak Number of Ambulance Vehicles in Fleet: 6
Oakdale, CA 95361

Phone Number: 209-847-3011 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*2,438 Total number of responses *1,878 Total number of transports
 _____ Number of emergency responses _____ Number of emergency transports
 _____ Number of non-emergency responses _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses _____ Total number of transports
 _____ Number of emergency responses _____ Number of emergency transports
 _____ Number of non-emergency responses _____ Number of non-emergency transports

*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

County: Stanislaus Provider: Patterson District Ambulance Response Zone: 5 & B

Address: P. O. Box 187 Number of Ambulance Vehicles in Fleet: 3

Patterson, CA 95353

Phone Number: 209-892-2618 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*1,067 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

*595 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

Response/Transportation/Providers
Stanislaus County

County: Stanislaus Provider: Pro Transport One Response Zone: C

Address: 2633 Tully Road, Suite A-1 Number of Ambulance Vehicles in Fleet: 7

Hughson, CA 95326

Phone Number: Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 7

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*418 Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

*343 Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

____ Total number of responses
 ____ Number of emergency responses
 ____ Number of non-emergency responses

____ Total number of transports
 ____ Number of emergency transports
 ____ Number of non-emergency transports

*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

County: Stanislaus Provider: WestSide Ambulance Response Zone: A

Address: 151 So. Highway 33 Number of Ambulance Vehicles in Fleet: 3
 Newnan, CA 95360

Phone Number: 209-862-2951 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Hospital District	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

*458 Total number of responses *299 Total number of transports
 _____ Number of emergency responses _____ Number of emergency transports
 _____ Number of non-emergency responses _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses _____ Total number of transports
 _____ Number of emergency responses _____ Number of emergency transports
 _____ Number of non-emergency responses _____ Number of non-emergency transports

*The number reflects the time period of October 2011 – June 2012. Agency contracted with new data analysis/collection group and the numbers listed for the October 2011 – June 2012 time period can be validated. Anything prior to Oct. 2011 can't be validated.

Response/Transportation/Providers
Stanislaus County

County: Stanislaus Provider: Priority One Response Zone: Stanislaus County

Address: Granger Avenue Number of Ambulance Vehicles in Fleet: 3
Modesto, CA

Phone Number: 1-800-650-2501 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

The Agency is working towards implementation of a new data collection process for monitoring BLS interfacility transports. The current process can't be validated.

Response/Transportation/Providers Stanislaus County

County: Stanislaus Provider: Modesto Regional Fire Authority Response Zone: Modesto City

Address: 3705 Oakdale Road Number of Ambulance Vehicles in Fleet: 0
Modesto, CA 95357

Phone Number: 209-552-3600 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> Air <input type="checkbox"/> Water
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing <u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

Air Ambulance Services

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

The Agency is working with contractor to implement collection of CAD data for monitoring Fire ALS First Response.

Table 9: Resources Directory

Facilities

County: Amador

Note: Complete information for each facility by county. Make copies as needed.

Facility: Sutter Amador Hospital
Address: 200 Mission Boulevard
 Jackson, CA 95642
Telephone Number: 209-223-7500

<u>Written Contract:</u>	<u>Service:</u>		<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Standby Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No
	X Basic Emergency	X Comprehensive Emergency		

Pediatric Critical Care Center ¹ EDAP ² PICU ³	<input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Calaveras

Note: Complete information for each facility by county. Make copies as needed.

Facility: Mark Twain St. Joseph's Hospital
Address: 768 Mountain Ranch Rd
 San Andreas, CA 95249
Telephone Number: 209-754-3521

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Standby Emergency	X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	
	X Basic Emergency					

Pediatric Critical Care Center ⁴ EDAP ⁵ PICU ⁶	<input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
	<input type="checkbox"/> Yes X No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Mariposa

Note: Complete information for each facility by county. Make copies as needed.

Facility: John C Fremont Hospital

Address: 5189 Hospital Road

Mariposa, CA 95338

Telephone Number: 209-966-3631

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Standby Emergency	X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	
	X Basic Emergency					

Pediatric Critical Care Center ⁷ EDAP ⁸ PICU ⁹	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Oak Valley Hospital
Address: 350 South Oak Avenue
 Telephone Number: 209-847-3011
 Oakdale, CA 95361

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> X Referral Emergency X Standby Emergency X Basic Emergency X Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No		
Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹² No	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV		
<table border="1"> <tr> <td data-bbox="1057 1612 1230 2064"> <u>STEMI Center:</u> <input type="checkbox"/> Yes X No </td> <td data-bbox="1057 1094 1230 1612"> <u>Stroke Center:</u> <input type="checkbox"/> Yes X No </td> </tr> </table>				<u>STEMI Center:</u> <input type="checkbox"/> Yes X No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
<u>STEMI Center:</u> <input type="checkbox"/> Yes X No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No				

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Emanuel Medical Center Telephone Number: 209-667-4200
 Address: 825 Delbon Avenue
 Turlock, CA 95382

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> X Referral Emergency X Standby Emergency X Basic Emergency X Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No		
Pediatric Critical Care Center ¹³ EDAP ¹⁴ PICU ¹⁵ No	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV			
<table border="1"> <tr> <td data-bbox="1055 1612 1218 2068"> <u>STEMI Center:</u> X Yes <input type="checkbox"/> No </td> <td data-bbox="1055 1096 1218 1612"> <u>Stroke Center:</u> <input type="checkbox"/> Yes X No </td> </tr> </table>				<u>STEMI Center:</u> X Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
<u>STEMI Center:</u> X Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No				

¹³ Meets EMSA Pediatric Critical Care Center (PCCCC) Standards
¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Kaiser Foundation Hospital

Address: 4601 Dale Road

Modesto, CA 95356

Telephone Number: 209-735-5000

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Basic Emergency	X Standby Emergency	X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸ No	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X	Trauma Center: <input type="checkbox"/> Yes X No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes X No	Stroke Center: <input type="checkbox"/> Yes X No
---	--

¹⁶ Meets EMSA Pediatric Critical Care Center (PCCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Memorial Medical Center
Address: 1700 Coffee Road
 Modesto, CA 95355
Telephone Number: 209-526-4500

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Standby Emergency	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	
	X Basic Emergency	X Comprehensive Emergency				

Pediatric Critical Care Center¹⁹ EDAP ²⁰ PICU ²¹	<input type="checkbox"/> Yes X No	<u>Trauma Center:</u>		<u>If Trauma Center what level:</u>	
	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I	X Level II	
	<input type="checkbox"/> Yes X No		<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV	

<u>STEMI Center:</u>	<u>Stroke Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

¹⁹ Meets EMSA Pediatric Critical Care Center (PCCCC) Standards
²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: Stanislaus

Note: Complete information for each facility by county. Make copies as needed.

Facility: Doctor's Medical Center
Address: 1441 Floyd Road
 Modesto, CA 95350
Telephone Number: 209-578-1211

<u>Written Contract:</u>	<u>Service:</u>				<u>Base Hospital:</u>	<u>Burn Center:</u>
X Yes <input type="checkbox"/> No	X Referral Emergency	X Basic Emergency	X Standby Emergency	X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

Pediatric Critical Care Center ²² EDAP ²³ PICU ²⁴	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trauma Center:	If Trauma Center what level:
	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I X Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No

²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: SOURCES DIRECTORY -- Approved Training Program

County: Amador

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	<u>Consumnes River College</u>		Telephone Number:	<u>916-691-7906</u>
Address:	<u>11350 American Legion Drive</u> <u>Sutter Creek, CA</u>			
Student Eligibility*:	<u>OPEN</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Varies	Number of students completing training per year:	
	Basic:		Initial training:	<u>42</u>
	Refresher:		Refresher:	<u>0</u>
			Continuing Education:	
			Expiration Date:	<u>12/31/11</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>0</u>
			Continuing Education:	

Training Institution:			Telephone Number:	
Address:				
Student Eligibility*:		**Program Level		
	Cost of Program:		Number of students completing training per year:	
	Basic:		Initial training:	
	Refresher:		Refresher:	
			Continuing Education:	
			Expiration Date:	
			Number of courses:	
			Initial training:	
			Refresher:	
			Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

County: Amador

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Jackson Rancheria Fire Department	Telephone Number:	209-304-1159
Address:	12222 New York Ranch Rd Jackson, CA 95642		
Student Eligibility*:	Restricted to Fire Personnel Only	**Program Level	EMT
	Cost of Program:		
	Basic: N/A	Number of students completing training per year:	
	Refresher:	Initial training:	7
		Refresher:	0
		Continuing Education:	
		Expiration Date:	12/31/15
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	

Training Institution:		Telephone Number:	
Address:			
Student Eligibility*:		**Program Level	
	Cost of Program:		
	Basic:	Number of students completing training per year:	
	Refresher:	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	
		Number of courses:	
		Initial training:	
		Refresher:	
		Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

County: Calaveras

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: Address:	Murphy's Fire Protection District 37 Jones Street P.O. Box 1260 Murphys, CA 95247	Telephone Number:	209-728-3864
Student Eligibility*:	OPEN		
	**Program Level	EMT	
	Cost of Program:		
	Basic:		
	Refresher:		
	Number of students completing training per year:		
	Initial training:	68	
	Refresher:	0	
	Continuing Education:		
	Expiration Date:	10/31/16	
	Number of courses:		
	Initial training:	2	
	Refresher:	0	
	Continuing Education:		

Training Institution: Address:		Telephone Number:	
Student Eligibility*:			
	**Program Level		
	Cost of Program:		
	Basic:		
	Refresher:		
	Number of students completing training per year:		
	Initial training:		
	Refresher:		
	Continuing Education:		
	Expiration Date:		
	Number of courses:		
	Initial training:		
	Refresher:		
	Continuing Education:		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

County: Mariposa

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Fresno ROP Program – Mariposa	Telephone Number:	209-742-0260
Address:	5074 Old Highway N., P.O. Box 127 Mariposa, CA 95338		
Student Eligibility*:	Open to Mariposa High School Students Only	**Program Level	EMT
Cost of Program:			
Basic:	325	Number of students completing training per year:	
Refresher:		Initial training:	32
		Refresher:	0
		Continuing Education:	
		Expiration Date:	07/31/13
		Number of courses:	
		Initial training:	1
		Refresher:	0
		Continuing Education:	

Training Institution:	Mariposa County Fire Department	Telephone Number:	209-966-4880
Address:	2281 Sierra Vista Way Mariposa, CA 95338		
Student Eligibility*:	OPEN	**Program Level	EMT
Cost of Program:			
Basic:	Varie	Number of students completing training per year:	
Refresher:	S	Initial training:	31
	Varie	Refresher:	7
	S	Continuing Education:	
		Expiration Date:	10/31/15
		Number of courses:	
		Initial training:	1
		Refresher:	1
		Continuing Education:	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

County: Merced

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Mountain Valley EMS Agency – Yosemite Program		Telephone Number:	209-529-5085
Address:	1101 Standiford Ave, Suite D1 Modesto, CA 95350			
Student Eligibility*:	OPEN	**Program Level	EMT	
		Cost of Program:		
		Basic:	325.	
		Refresher:		
		Number of students completing training per year:		
		Initial training:	0	
		Refresher:	0	
		Continuing Education:	0	
		Expiration Date:	11/30/11	
		Number of courses:		
		Initial training:	0	
		Refresher:	0	
		Continuing Education:	0	

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

County: Stanislaus

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Ceres Adult Education – ROP Program		209-609-1554
Address:	2503 Lawrence Street P.O. Box 307 Ceres, CA 95307		Telephone Number:
Student Eligibility*:	OPEN	**Program Level EMT Student Eligibility*:	OPEN
	Cost of Program:	Number of students completing training per year:	
	Basic: 420.00		
	Refresher: 0		
	Initial training:	210	
	Refresher:	7	
	Continuing Education:		
	Expiration Date:	1/30/14	
	Number of courses:		
	Initial training:	2	
	Refresher:	1	
	Continuing Education:		

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

Training Institution:	Abrams College		209-527-7777
Address:	201 East Rumble Road, Suite E Modesto, CA 95350		Telephone Number:
Student Eligibility*:	OPEN	**Program Level EMT	
	Cost of Program:	Number of students completing training per year:	
	Basic: 775.00		
	Refresher:		
	Initial training:	416	
	Refresher:	32	
	Continuing Education:		
	Expiration Date:	06/30/16	
	Number of courses:		
	Initial training:	7	
	Refresher:	3	
	Continuing Education:		

County: Stanislaus

Reporting Year: 2011/12

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Hughson Fire Department		Telephone Number: 209-883-9177	
Address:		2300 Tully Rd			
Student Eligibility*:		Hughson, CA 95326-0037			
OPEN		**Program Level	EMT		
Cost of Program:		Number of students completing training per year:			
Basic:	Varies	Initial training:		26	
Refresher:		Refresher:		0	
		Continuing Education:		4/30/13	
		Expiration Date:		2	
		Number of courses:		0	
		Initial training:			
		Refresher:			
		Continuing Education:			

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each lev

Training Institution:		Modesto Jr. College		Telephone Number: 209-549-7030	
Address:		1220 Fire Science Lane			
Student Eligibility*:		Modesto, CA 95350			
OPEN		**Program Level	EMT		
Cost of Program:		Number of students completing training per year:			
Basic:	Varies	Initial training:		118	
Refresher:		Refresher:		28	
		Continuing Education:		11/30/14	
		Expiration Date:		2	
		Number of courses:		2	
		Initial training:			
		Refresher:			
		Continuing Education:			

TABLE 11: SOURCES DIRECTORY -- Dispatch Agency

County: AmadorReporting Year: FY 2011/12

Name:		Amador County Sheriff Department, EMS		Primary Contact: Bryan Middleton	
Address:		Communications Center Amador, CA			
Telephone Number:		209-233-6369			
Written Contract:		Medical Director:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					12 EMD Training <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> Other
Ownership:		If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other			
		Explain: _____			

County: CalaverasReporting Year: FY 2011/12

Name:		Calaveras County Sheriff Department, EMS		Primary Contact: Rachelle Whiting	
Address:		Communications Center Government Center San Andreas, CA. 95249		209-754-6500	
Telephone Number:		209-754-6500			
Written Contract:		Medical Director:	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					12 EMD Training <input type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS <input type="checkbox"/> Other
Ownership:		If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other			
		Explain: _____			

County: Merced

Reporting Year: FY 2011/12

CalFire, Emergency Communications Center		Steven Ward	209-
Name:		Primary Contact:	966-3803
Address:	5366 Highway 49 North		
Telephone Number:	Mariposa, CA. 95338		
Written Contract:	Medical Director:	Day-to-Day	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	
Ownership:	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> 15 <input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS		
	<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	Explain: _____		

County: Stanislaus

Reporting Year: FY 2011/12

LifeCom Fire and EMS Communications		Jared Bagwell	
Name:		Primary Contact:	209-236-8302
Address:	4701 Stoddard Rd		
Telephone Number:	Modesto, CA. 95367		
	1-800-913-9113		
Written Contract:	Medical Director:	Day-to-Day	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	
Ownership:	Number of Personnel Providing Services:		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> 72 <input type="checkbox"/> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS		
	<input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other		
	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
	Explain: _____		

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Alpine County

Order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Mountain-Valley EMS/Alpine County
Area or subarea (Zone) Name or Title: Alpine County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties.
Area or subarea (Zone) Geographic Description: Alpine County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> There is no ALS or emergency ambulance service exclusivity in Alpine County
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> None
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Exclusivity will be granted upon completion of RFP process.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Amador County

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is American Legion Ambulance Service. This provider has provided emergency ambulance services without interruption since 1929.

Area or subarea (Zone) Geographic Description:

GRIDS BY RESPONSE AREA

URBAN

B141, B151-152, B161-162, B209-210, B218-220, B229, B238, D108-109, D121-125, D133-139, D142-143, D146-151, D155, D157, D162-164, D168-D170, D174, D182-183, D186, D195-196, E107-109, E112-116, E122-123, E129-131, E138-140, E142-145, E149-151

BURBAN

A152-154, A172-173, B105-106, B115, B124, B133, C167, D106-107, D115, D118-120, D128-132, D141, D144, D156, D161, D171-173, D175-177, D184-185, D197-198, E110-111, E118

RURAL

A106, A117-118, A123-124, A130, A136-139, A142-144, A148-150, A155-158, A161, A164-170, A174-175, B100-102, B104, B107-108, B110, B112-114, B116, B119, B125, B134, B136, B145-146, B149-150, B155-156, B165-166, B172-173, B175, B178, B181, B185, B188-191, B193-194, B201-205, B208, B211-215, B217, B221-224, B228, B230-233, B237, C101, C103, C106-110, C113-119, C122, C124-127, C129-130, C132, C134-141, C145-149, C151, C153, C157-166, C168-171, D101, D104-105, D110-112, D114, D145, D152, D158, D165, D178, D181, D187-190, D199, D204, D209-210, D213-214, D222, E102, E105-106, E119-121, E126, E134-137, E145-147, E152-153, E155

WILDERNESS

A100-103, A105, A107-116, A119-122, A125-129, A131-135, A140-141, A145-147, A151, A159-160, A162-163, A171, A176-178, B103, B109, B111, B117-118, B120-123, B126-132, B135, B137-140, B142-144, B147-148, B153-154, B157-160, B163-164, B167-171, B174, B176-177, B179-180, B182-184, B186-187, B192, B195-200, B206, B216, B225-227, B234-236, B239-248, C102, C105, C111-112, C120-121, C123, C128, C131, C133, C142-144, C150, C152, C154-156, D102-103, D113, D116-117, D126-127, D153-154, D166-167, D179-180, D191-194, D200-203, D205-208, D211, D215-221, D223, 231, E100-101, E103-104, E117, E124-125, E127-128, E132-133, E141, E148, E154, E156, F100-297

DIFFICULT TO ACCESS AREAS

D108, D162, D174, D186, E107-109, E112-E116, E122, E129, E143

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The ambulance provider agreement between the LEMSA and American Legion Ambulance Service specifies that American Legion Ambulance Service is the exclusive operator of ALS ground ambulance and emergency ground ambulance services for that County

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance, All ALS ambulance (9-1-1 and IFT), BLS Non-Emergency Services, Standby Service with Transportation Authorization

"Emergency ground ambulance" is used to differentiate between air and ground services, as found in Health and Safety Code, Division 2.5, Section 1797.85

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

American Legion Ambulance was "Grandfathered" into Amador County as the sole provider of ALS and emergency ground ambulance services due to no changes in manner and scope of service to the area other than upgrading to LALS and then ALS services in the early 1990s. In November, 1999, the Amador County Board of Supervisors approved a county ambulance ordinance that further defined "emergency ground ambulance services" to reflect the maximum level of exclusivity allowed according recent court decisions. These court cases, "Schaefer v. San Bernadino County" and "Redwood Empire v Sonoma County" define "emergency ambulance services" as found in the Health and Safety Code, Division 2.5, Section 1797.85.

Calaveras County - South Zone

Local EMS Agency or County Name:
Mountain-Valley EMS/Calaveras County

Area or subarea (Zone) Name or Title:
South Zone

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005 after winning a competitive bid process.

Area or subarea (Zone) Geographic Description:

The South Zone is generally the southwestern portion of the county, including the towns of Murphys, Copperopolis, Altaville, Milton, and the City of Angels Camp. It is bounded on the northeast by the Ebbett's Pass Fire District, southeast by the Stanislaus county line, southwest by the Tuolumne county line, and the north by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

"Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

"Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process

Calaveras County – East Zone

Local EMS Agency or County Name:

Mountain-Valley EMS/Calaveras County

Area or subarea (Zone) Name or Title:

East Zone

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

As of July 1, 2005, the provider of ALS service in the east zone is Ebbetts Pass Fire District. They earned the right to provide service through a competitive bid process.

Area or subarea (Zone) Geographic Description:

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, the north by the Amador county line, and the west generally on a line beginning at a point due north of Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy. 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Definition of Terms

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

"Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

"Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.
2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process

Calaveras County – North Zone

Local EMS Agency or County Name:

Mountain-Valley EMS/Calaveras County

Area or subarea (Zone) Name or Title:

North Zone

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Ambulance began providing service in the north zone on July 1, 2005. They obtained the right to provide exclusive service by being the winning bidder in a competitive bid process.

Area or subarea (Zone) Geographic Description:

The North Zone is generally the north and northwest portions of the county, including the towns of West Point, Valley Springs, Mokulemne Hill, Jenny Lind, and San Andreas. It is bordered on the north and west by Amador San Joaquin, and Stanislaus county lines, the southeast by the border of the Ebbett's Pass Fire District, and on the south by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

The Mountain-Valley EMS Agency has adopted exclusive operating areas for ambulance services as defined below. Approval was received from the State of California EMS Authority in 2004 to establish EOAs in Calaveras County.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Definition of Terms

"All Ambulance Services" is defined as the activity, business or service; for hire, profit, or otherwise; of transporting one or more persons by ambulance on or in any of the streets, roads, highways, alleys, or any public ways or places in Calaveras County. This definition adopts the premise that Ambulance Services are considered to be "emergency ambulance services" as defined in Section 1797.85, Division 2.5 of the Health and Safety Code. Ambulance Services include all services requiring the use of a ground Ambulance in Calaveras County during any of the following circumstances: (1) All requests for ambulance services transmitted through the Authorized EMS Dispatch Center; (2) Requests for Ambulance Service made directly to the ambulance service from a seven digit telephone call without going through an authorized 9-1-1/PSAP; (3) All ground Interfacility Transfers requiring the services of an ALS, BLS, or Critical Care Transport (CCT) ambulance; or (4) Any other request for service requiring a ground ambulance response, including Basic Life Support, Advanced Life Support, or Critical Care Transport. This definition shall not apply to Ambulance Services that transport patients to or through Calaveras County from an area outside Calaveras County.

"Interfacility Transfer" is defined as all ambulance transports originating from an Acute Care Facility in Calaveras County.

"Scene Call" is defined as All Ambulance Services originating within Calaveras County not defined as Interfacility Transfers.

Types of Exclusivity Adopted for Calaveras County EOAs

1. Interfacility Transfers - The right to provide All Ambulance Services for all types of Interfacility Transfers originating from the Acute Care Facility (or any future Acute Care Facility) in Calaveras County is a right that is shared amongst the providers awarded exclusive rights to provide Ambulance Services within a Zone or Zones within Calaveras County. This shared right is independent of the Ambulance Zone within which the Acute Care Facility is geographically located.

2. Scene Calls - The right to provide All Ambulance Services for scene calls is awarded to providers for a specific Ambulance Zone. Exceptions to this exclusivity include air ambulance services; the conditions specified in the AGENCY Special Events Policy #570.71; and during declared disasters, or events requiring Medical Mutual Aid Coordination authorized by the Authorized EMS Dispatch Center, MHOAC, or AGENCY, with the exception of Interfacility Transfers within their respective zones. The second level of exclusivity is for all Authorized Ambulance Providers to be eligible to share Interfacility Transfers originating from Mark Twain St. Joseph's Hospital.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process

Mariposa County

Local EMS Agency or County Name: Mountain-Valley EMS/Mariposa County
Area or subarea (Zone) Name or Title: Mariposa County
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.
Area or subarea (Zone) Geographic Description: All of Mariposa County
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> There is no ALS or emergency ambulance service exclusivity in Mariposa County.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> None
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Exclusivity will be determined by RFP

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 1

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

D441 – D442, D541 – D544, D641 – D644, E134 – E146, E234 – E251, E333 - E351, E432 – E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - F146, F235, F241 – F242

SUBURBAN

D443-D444, D536, D633 – D636, E133, E232 - E233, E331 – E332, E352, E431, E531 - E535, E453 E634, E653 - E654, F134, F234,

RURAL

D533 - D535, D626 - D632, E126 - E132, E225 – E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 - F152, F231 – F233, F 331 - F334, F432

WILDERNESS

D341 - D343, D432-D433, D435 – D436, D532, E124 - E125, E222 – E224, E322 – E325, E422– E425, E522 – E525, E622
25, F124 - F125, F225 - F226

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present. The provision of ALS, and BLS emergency and non-emergency service has been solely provided by American Medical Response, and the companies which they purchased. The provision of IFT's has been provided by American Medical Response, and the companies which they purchased.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 3

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

Area or subarea (Zone) Geographic Description:

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E642-E643, F136, F142-F146, F235-F246, F341-F346, F442-F451, F542-F551

SUBURBAN

F335-F336, F436 - F441, F541, F642-F645, G145

RURAL

F332 - F334, F432 - F435, F532 - F536, F641

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 4

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

Area or subarea (Zone) Geographic Description:

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

C551, C651 - C652, D151-D164, D251 - D263, D351- D361, D445-D461, D545-D552, D561, D645- D652, E146 - E151, E251

SUBURBAN

C451, C552, C653 - C665, D165, D264, D362 - D363, D462, D553 - D556, D562, D653, D661, E152, E252

RURAL

C151 - C153, C251 - C253, C351 - C353, C452-C456, C471 - C472, C553- C573, C666-C672, D166, D265, D364, D463, D563 D654-D656, D662, E153 - E161, E253-E261

WILDERNESS

A051, A151-A152, A251 - A253, A351 - A354, A451- A455, A551 - A556, A651 - A656, B151-B161, B251-B262, B351-B364, B451-B464, B551-B565, B651-B666, C154-C166, C254 - C271, C354-C372, C461 - C466, C473, C574, C673-C675, D171-D176, D266-D281, D365-D383, D464-D483, D564-D582, D 663 - D671, D675

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response, ALS Transport

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 5

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978

Area or subarea (Zone) Geographic Description:

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T. Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTION

URBAN

G331 – G332, G426-G434, G525-G533, G625 – G633, H133

SUBURBAN

G226 – G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 – H132, H134, H233

RURAL

E615 - E622, F115 – F122, F213 - F222, F231, F314-F322, F331 – F332, F415-F432, F515 – F532, F615-F632, G122-G132, G223- G225, G233 -G236, G323 – G325, G335 - G336, G423 – G424, G436, G523, G535 - G536, G623, G635-G641, H 124, H135 - H141, H225 – H232, H234 – H242, H333-H342, H416 – H421, H433 - H442, H533 – H541, H634 - H636

WILDERNESS

E416 - E421, E515 - E522, E614, E623 – E624, F113 – F114, F123 – F125, F212, F223 – F226, F311-F313, F323-F326, F410-F414, F509-F514, F608-F614, G107-G121, G206-G222, G305-G322, G404-G422, G505 – G522, G605-G622, H106 – H123, H205 – H224, H305 –H332, H406- H432, H508-H532, H608 - H633

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of the ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Stanislaus County Board of Supervisors at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (also shown on the map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. Del Puerto Healthcare District has been sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone 8

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services Zone 8 is American Medical Response (AMR).

Turlock Ambulance Service, Inc (TAS) provided service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995.

Area or subarea (Zone) Geographic Description:

Zone 8 is in the south central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F552, F646 – F653, F661, G152 – G162, G252 – G261, G352 – G361, G451 – G461, G552 – G556, G652- G656

SUBURBAN

F461 - F462, F561 – F562, F645, F654 – F656, F662, G143 – G151, G163, G243 – G251, G262, G343 - G351, G362, G443 - G446, G462, G544- G551, G561, G644 - G651, H144– H154

RURAL

F363, F463, F563, F663 - F666, G164 - G171, G263 – G266, G363 - G365, G463, G542 - G543, G642 - G643, H142 - H143, H242 – H245, H251, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 – G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 – H444

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Due to changes in ambulance providers that occurred in May 1996, this zone must be a non-exclusive area until such time as a competitive bid process is completed

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone A

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

Area or subarea (Zone) Geographic Description:

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

I144, I336 – I342, I436 – I442,

SUBURBAN

I236 – I242, I335, I343, I435, I536 - I541,

RURAL

H342, H441 – H442, H536 – H542, H635 – H644, I134 – I142, I233 – I235, I243, I333 – I334, I434, I535, I635 – I636,

WILDERNESS

H443, H543, I108 – I133, I208 – I232, I244, I309 – I332, I408 – I433, I506 – I534, I606 – I634, J106 – J135, J206 – J234, J306 – J333, J407 – J432, J508 – J531, J608 – J626, K109 – K125, K209 – K210, K212 – K214, K 216 – K224, K309 – K310, K321 – K323, K422

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this Ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

Memorial Hospital Association provided emergency ground ambulance services in Zone A between 1982 and 1985. West Side District Ambulance became the provider of emergency ground ambulance services in 1985. Zone A will only become an exclusive operating area following a competitive bid process.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

Area or subarea (Zone) Geographic Description:

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

AMERICAN MEDICAL RESPONSE GRID RESPONSIBILITY

SUBURBAN

G142, G242, G342, G442

RURAL

G542, G642, H142, H242

DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID RESPONSIBILITY

RURAL

F632 – F636, G132 – G141, G241, G341, G441, G541, G641, H141, H241

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. In November 2007, American Medical Response became responsible for also responding to portions of Zone B. Zone B will only become an exclusive operating area following a competitive bid process.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The Provider in Zone C is ProTransport-I, Inc. who began service in November 2008

Area or subarea (Zone) Geographic Description:

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F153, F253 - F254, F351-F355, F452-F455, F553-F554

SUBURBAN

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

RURAL

F151 - F152, F154 - F162, F256 - F262

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Zone C will become an exclusive operating area following a competitive bid process. Prior to 1990, parts of Zone C were served by providers adjacent to the zone: Waterford Community Ambulance, Turlock Ambulance Service and 911 Emergency Medical Services.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:

Mountain-Valley EMS Agency

Area or subarea (Zone) Name or Title:

Zone D

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

Area or subarea (Zone) Geographic Description:

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Warnerville Road; then westerly along Cooperstown/Warnerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

E463, E562-564, E661 - E664, F164

SUBURBAN

E363, E453, E462, E464, E554 – E561, E565, E654 - E656, E665, F162 - F163, F165, F264

RURAL

E162, E262 – E263, E266, E353 - E362, E364 - E371, E454 -E461, E465-E471, E566-E571, E666-E673, F154 – F161, F166 – F174, F263, F265 -F266, F364 – F365, F464 F465, F564 – F565

WILDERNESS

D482 – D484, D572-D585, D671-D686, E163-E191, F264-E265, E271 – E292, E372-E393, E472- E494, E572 – E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Waterford

Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Non-Exclusive

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Due to changes in ambulance providers that occurred in May 1996, this zone must be a non-exclusive area until such time as a competitive bid process is completed.